FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001422 (1)

Principal Place of Business	Mailing Ac
8320 S TAMIAMI TR SARASOTA FL 34238	8320 S T SARASOT
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FILED Apr 14 1998 8:00am Secretary of State

U.S.A. CLOSINGS, INC.											
											
Principal Place of Business Mailing Address							1 semina tifa iAist tansi antif adi	fe maser marti A		FB 1101 1091	
8320 \$ TAMIAMI TR 8320 \$ TAMIAMI TR 8ARASOTA FL 34238 SARASOTA FL 34238						DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifi		3 SFACE	
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•	Dringing Di	face of Business 2a. Mailing Address				03/19/1997 4. FEI Number					
_	riiicipai ri	⊢ •				1			plied For		
21	Suite, Apt.						65-0730685			t Applicable	
22					27			5. Certificate of Status Desired		\$8.75 / Fee Re	
	City & State	State City & State					6. Election Campaign Financin		\$5.00	May Be	
23		28			,		Trust Fund Contribution		Added t	o Fees	
	Zip	<u> </u>	Country	Zip		Country	/	8. This corporation owes or has	paid the c		
24		25	<u> </u>	29		30		Personal Property Tax due J			J No
		g. Name an	d Address of Cu	rrent Registered	Agent			10. Name and Address of New	Registere	d Agent	
	KH	LEIF, ROD				81	Name				
		O S TAMIAMI	TR			62	Street Add	dress (P.O. Box Number is Not Acce	otable)		
		RASOTA FL 3				15-	} Direct Aut	Sidas (1.0. Dox Humber is Hot Acce	, rabit)		J
	VI II	MOOIN IE G	7200			83					
						<u> </u>	<u> </u>	·			
						84	City		F	85 Zip (Code
11	Purement t	to the provisions	of Sections 607	0502 and 607 150	8 Florida Statut	es the show	e-nemed co	rogration submits this statement for the			c registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor 							v the corpora	ation's board of directors. I hereby a	cept the ap	ppointment as	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statut						orida Statute	S .				1
SI	GNATURE .									· · · · · · · · · · · · · · · · · · ·	
-10		Signature, typed or p		d agent and title if applica			ent signature requ	ked when reinslating)	DATE	UD DIDECTOR	5 11 40
12			UFFICERS	AND DIRECTORS	DELETE	13.	————	ADDITIONS/CHANGES TO O	-FICENS AF	Change	Addition
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	WHE KHLEIF, ROD			1.2 NAME]		
STR	TREET ADDRESS 8320 S TAMIAMI TR			1.3 STREET ADDRESS							
СП	Y-S1-ZIP	SARASOTA	FL 34238			1.4 CITY-5	T-ZIP				
III)	.E [DS DELETE 2		2.1 TITLE	Į į			Change	Addition		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or optin attachment with an address.

SIGNATURE: